

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
 Hirohisa SUZUKI, et al.
 Serial No: 09/603,184
 Filed: June 26, 2000
 For: NOISE CANCEL CIRCUIT



Art Unit: 2681
 Examiner: Ramos Feliciano, Eliseo

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450, on
 June 25, 2004

Date of Deposit
 Anthony J. Orlor Reg. No. 41,232


 06/25/04
 Signature Date

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- Small entity status has been claimed. See 37 CFR § 1.27.
 A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
 No additional fee is required.

The fee has been calculated as shown below:

| | (Col. 1) CLAIMS REMAINING AFTER AMENDMENT | | (Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Col. 3) PRESENT EXTRA* | LG/SM \$ ENTITY FEE | ADD'L FEE DUE |
|---|---|-----|---|-------------------------------|--|------------------|
| TOTAL CLAIMS FEE | 10 | -20 | 20 | ** | 0 LG=\$18 SM=\$9 | \$18 \$ 0 |
| INDEPENDENT CLAIMS FEE | 1 | -3 | 3 | *** | 0 LG=\$86 SM=\$43 | \$86 \$ 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS | | | | | LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145 | \$ 0 |
| | | | | | TOTAL | \$ 0 |

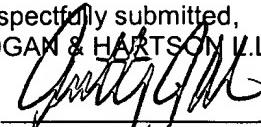
* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- A check in the amount of \$-0- to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
 A check in the amount of \$110.00 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
 The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
 Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
 HOGAN & HARTSON L.L.P.

By: 
 Anthony J. Orlor
 Registration No. 41,232
 Attorney for Applicant(s)

Date: June 25, 2004

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